

MDR Tracking Number: M5-04-0826-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on November 17, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the therapeutic procedures, office visits, internal mobilization, manual traction therapy, myofascial release and range of motion measurements were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatments listed above were not found to be medically necessary, reimbursement for dates of service from 02-13-03 to 07-29-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1st day of March 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

Date: February 25, 2004

RE: MDR Tracking #: M5-04-0826-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

It appears the claimant suffered alleged right upper extremity injury while performing repetitive activities on _____. The claimant initially saw _____ on what appears to be 1/7/03. At that time the claimant was complaining of shoulder blade pain with right upper extremity shooting pains into her right arm, hand and shoulder blade. The claimant's range of motion of the shoulder at that time was reported as normal. The claimant did not demonstrate evidence of carpal tunnel syndrome. The overall clinical exam at that time was suggestive of trigger points in the right forearm and myofascial pain syndrome involving the right forearm and wrist. The impressions from _____ were "possible ulnar nerve neuropathy" and right elbow pain. It was not known from the documentation how long the claimant had been performing her repetitive activities or how long she had been employed with her current employer at the time of the injury. The claimant was noted not to be obese and she did not appear to have a significant history of past injuries. The claimant did reportedly smoke about a half a pack of cigarettes per day. The claimant appeared to initiate chiropractic care on 1/13/03. At that time the claimant was complaining of extreme pain and stiffness at her right shoulder, elbow and wrist with numbness and tingling in the C6 and C7 distributions. The claimant was required to repeatedly use a ten key machine during her normal course and scope of employment. An MRI of the right shoulder and wrist revealed there to be a rotator cuff tear at the right shoulder and tendonitis of the dorsal radial carpal ligament of the right wrist. An electrodiagnostic report showed there to be normal findings in the right upper extremity. It appears that the right shoulder was initially denied; however, it appears that this has been ruled compensable recently _____ saw the claimant on 1/23/03 and recommended the MRI evaluations and electrodiagnostic work ups. A follow up with _____ of 3/10/03 revealed that he was recommending an open arthroscopic surgery of the right shoulder. An elbow MRI was also performed and revealed the presence of mild lateral and medial epicondylitis. My review of the MRI report of the shoulder revealed there to be mild impingement of the supraspinatus due to increased signal in several areas of the rotator cuff that was consistent with a tear of the rotator cuff. Multiple chiropractic daily notes were reviewed. These were extremely repetitive. I was able to review range of motion studies of the shoulder on at least 6 occasions from 1/14/03 through 4/4/03. The claimant also underwent several strength evaluations involving the shoulders, elbow and wrists, and these were reviewed. The claimant also underwent several range of motion evaluations of the wrist and elbow and these were carefully reviewed. I found it interesting that the claimant was employed as an insurance adjuster at the time of the injury. A pain management evaluation of 2/13/03 was provided for review. I found it interesting that there was no clinical evidence of carpal tunnel syndrome and that Tinel's test, Phalen's tests and Kanavel's signs were all negative. Kanavel's sign is performed to rule out inflammation or infection of the tendon sheath of the wrist and little finger. There was no pain reported on grip testing. The pain management evaluation of 2/13/03 also revealed no sign of cyanosis, clubbing, or edema in the extremities. There may have been a typo in that it was stated the left shoulder, which was the non-involved shoulder, had a decreased range of motion with discomfort and tenderness at the trapezius muscle. The right elbow reportedly also showed decreased range of motion and discomfort and the right wrist showed decreased range of motion and discomfort. It should be noted that range of motion and pain is under the direct voluntary control of the claimant. I also found it interesting, with respect to the claimant's hand, there was no tenderness noted over the dorsal or palmar surfaces of the hand. There was no tenderness with grip and there was no tenderness over the metacarpal bones. The cervical spine also showed normal range of motion with no signs of pain or paraspinal muscle spasm. The thoracic and lumbar spines were also normal. Motor strength was difficult to assess due to the claimant's right shoulder problems. Sensory examination was noted to be completely intact. There was some decreased sensation in the right hand; however, this was not specified as to what level was involved. The physical examination findings of the pain management evaluation of 2/13/03 differed fairly significantly with the initial chiropractic findings and it was my opinion after review of the voluminous documentation that the chiropractic findings were somewhat more voluminous than what the other evaluating physicians found during their clinical examinations. The diagnostic testing of the elbow and wrist, including the MRI evaluations and electrodiagnostic work ups, seemed to confirm that much of the chiropractic objective findings as found on the initial chiropractic exam did not exist.

At any rate, the overall nature of the injury appears to be myofascial pain syndrome and some mild swelling of the right wrist with trigger points in the forearm. This would be consistent with the mechanism of injury and the claimant's occupation at that time. A 3/7/03 chiropractic TWCC-73 report revealed "claimant is performing rehabilitation until surgery is done". This would not be considered appropriate. A pain management specialist stated on 2/6/03 that the claimant was very emotional and extremely symptomatic, and was not a candidate for a pain management program but would benefit from individual psychotherapy sessions. An IME report from ___ of 7/31/03 was reviewed. The claimant previously saw ___ on 5/13/03. As of 7/31/03 the claimant felt her right wrist was about 90-95% improved through use of a splint and physical therapy. I found it interesting that for the first time and only time in the documentation the ergonomics of the claimant were discussed. It was stated that the claimant had to work with her arms completely suspended in midair without support and this would possibly explain the right shoulder problem. I do not understand why the chiropractor or any of the other evaluating physicians did not document this because it would explain the claimant having some shoulder problems. At any rate, the claimant continued to have right shoulder problems during the 7/31/03 examination and it was felt the claimant's main problem was the right shoulder and ___ did recommend surgical treatment of that shoulder. It was felt that as of 5/13/03 no further physical therapy or chiropractic care was needed and the shoulder problem was not even mentioned on the 5/13/03 IME report from ___ because I assume the claimant's shoulder was not ruled as compensable as of that date.

Requested Service(s)

Therapeutic procedures, office visits, internal mobilization, manual traction therapy, myofascial release, range of motion measurements.

Decision

I agree with the insurance carrier and find that the services in dispute were not medically necessary.

Rationale/Basis for Decision

According to the explanation of benefits documentation, it appears the carrier paid for reasonable and necessary care through 3/7/03 even though not all of the units of the therapeutic exercises were reimbursed. In good faith, the carrier reimbursed the chiropractor for myofascial release, joint mobilization, office visits, manual traction and several units of therapeutic exercise through 3/7/03 which was a reasonable amount of treatment for the nature of the condition and related injury with respect to the claimant's wrist and elbow. The carrier also paid for occasional office visit follow ups beyond 3/7/03 through approximately 4/14/03 which would be all that would be considered medically necessary at that point. It was quite clear the claimant had received sufficient treatment for the nature of the injury through 3/7/03 in accordance with the recommendations of the highly evidence based Official Disability Guidelines for management and treatment of lateral epicondylitis, medial epicondylitis, and right wrist sprain/strain/ tenosynovitis. It was also quite clear that the initial chiropractic objective findings do not correlate with many of the other objective findings by the other evaluating physicians. Please consider that the findings of the pain management specialist on 2/13/03 shortly after beginning chiropractic care. I mentioned this in the history of the report above, please refer to that section of the report as I do not wish to repeat myself. The pain management evaluation of 2/13/03 was indicative of the fact that the claimant mainly had a right shoulder problem as there was no evidence of carpal tunnel syndrome or other serious problems involving the wrist or elbow beyond that of tenosynovitis, trigger points and mild epicondylitis. Again, the highly evidence based Official Disability Guidelines recommend only about 6-8 weeks of conservative treatment for these types of wrist and elbow problems. Injections would have been fine and the other referrals were, of course, warranted; however, these injections were apparently not done and repeated chiropractic treatment simply because the "claimant is performing rehabilitation until surgery" is not appropriate. I also reviewed several range of motion and strength evaluations through the first 6 weeks of the chiropractic care and these showed no significant improvements to substantiate the ongoing care without a change in the claimant's treatment plan.

Again, the carrier did reimburse for reasonable and necessary treatment through 3/7/03. The claimant certainly received reasonable and necessary treatment through this date and the carrier in good faith reimbursed the chiropractor for that care. It was quite clear the claimant was not substantially improving from an objective point of view and the remaining services in dispute would not be considered medically necessary. I understand the shoulder was not initially considered compensable; however, injections could have been performed at the wrist and elbows at that time and once it was made clear that the claimant was not really progressing consistently with conservative care, then occasional office visits would have been fine. The carrier did indeed reimburse the chiropractor for the ongoing occasional office visits through April 2003 which would have been considered more than reasonable and medically necessary. The claimant's wrist was noted to be somewhat improved and ____, on 7/31/03, did state the claimant's wrist was 90-95% improved with physical therapy and a splint; however, the claimant had still not returned to work and the amount of care beyond 3/7/03 would have been considered excessive given the nature of the injury. Initially it was my impression that repetitively using a ten key machine could not possibly cause a rotator cuff tear at the shoulder; however, ____ stated in his 8/1/03 IME report that the claimant's ergonomics at work were faulty. It was reported by ____ that the claimant had to work with her arms suspended in midair and there was no support for her wrists or elbow. The claimant was fairly petite, being only about 110 pounds with a height of 4'9" and this would explain some of the faulty ergonomics. Even though this would be considered an obvious important factor in the explanation of the etiology of the shoulder pathology, it was left out of the documentation from numerous evaluating physicians. This is the reason why documentation is important. There needs to be some explanation as to why a shoulder injury occurred due to a repetitive stress problem at the right forearm and wrist. At any rate, I found it strange that the claimant actually worked with her upper extremities suspended in midair without telling someone about this problem. At any rate, the appropriate treatment for the nature of the wrist and elbow injury occurred through 3/7/03 and the appropriate amount of therapy was reimbursed to the treating doctor through 3/7/03 and through the various occasional office visits through mid-April 2003. Five units of therapeutic exercises would be considered excessive given the nature of the wrist and elbow injuries at that time. I saw no objective evidence of improvement to substantiate ongoing chiropractic care beyond 3/7/03 except for the occasional follow up office visits which occurred and were reimbursed by the carrier through 4/18/03. Beyond this the claimant could have done just as well through a home based exercise program and ongoing referrals because more than sufficient treatment had been administered to the wrist and elbow at that time in accordance with the highly evidence based Official Disability Guidelines such that the claimant could have maintained her condition through a regular home based program. The shoulder condition was obviously not improving and as of 3/10/03 ____ recommended surgery for her shoulder. This would further confirm the fact that conservative treatment of this particular condition involving the shoulder beyond 3/10/03 would not be considered medically necessary. The fact that the claimant's case was in dispute and because there were alleged compensability issues does not warrant ongoing treatment. The evidence based guidelines and the overall healing time of soft tissue injuries does not change simply because a case is in dispute. Ongoing and protracted treatment simply because a claimant's case is in dispute or simply because she is awaiting surgery is not reasonable or necessary.